Questions Related to Request for Proposal (RFP) #HP632209, Maricopa County Managed Behavioral Health Care[1]

Question Number/RFP Section/Page	***Question***	***Subject***
Special Instructions: K. Resources for Developing Proposal		
Question 124 Databook: Eligibility and Demographic Data	Further clarification is needed in order to fully understand the duplicate Dummy IDs in the Eligibility and Demographic Data. For example, in the Demo_06.txt file there are two separate records with the Dummy ID of 255. They are clearly two different individuals as their race codes, QM_BHC and QM_GRP codes are not consistent. In addition, the START_DT and END_DT fields overlap. The 2006 Encounter Data for Dummy ID 255 cannot be assigned to a single rate cell since the QM_BHC and QM_GRP are different for the two eligibility records. How are we to know which individual produced the encounters? **The encounter, demographic and eligibility files will be refreshed and posted on the secure web site in the Maricopa County Behavioral Health Services RFP Databook by close of business Monday February 12, 2007.**	Databook
Question 125 Databook: Eligibility and Demographic Data	Under what situations would an encounter not be submitted to the encounter data, but would be included in the financials? **Refer to the Financial Reporting Guide, Section IV. Reporting Issues.**	Databook
Question 126 Databook: Eligibility and Demographic Data	The total reimbursement amount in the encounter data (Net Paid plus Special Net Value) does not come close to the Total Service Expense from the financial reports for the three fiscal years. For SFY 2004, the encounter data (reimbursement) equates to 53.4% of all eligible populations reported in the financials (Total Service Expense) and 76.3% of Title XIX and Title XXI populations only. For SFY 2005, these two percentages are 44.0% and 58.8%, respectively. Finally, for SFY 2006 they are 26.3% and 35.6%, respectively. Please explain why the encounter data has so few claims compared to the financial reports. – **see attachment to Question 126** **The Contractors are paid capitation rates developed by actuaries. Title XIX/XXI payments are prospective at the beginning of the month calculated based on the number of eligibles on the first of the month. For the Non-Title XIX/XXI population the Contractor is paid 1/12th of available funds monthly. There is no direct tie between the data on the financial statements and the value of submitted encounters. The financial statements show the income and expenses and financial viability of the Contractor. Connected but not directly related ADHS measures the value of encounters submitted by the Contractor to determine how service revenue was spent.**	Databook
Question 127: RE: State's 1/26/07 response to Question 62 Section K: Resources for Developing Proposal/ p. 15	In the first Q&A, the answer to question #62 indicated that the fields titled "Net Paid" and "Special_Net Value" represent the reimbursement value for claims and encounters. However, the financial reports provided in the databook and the encounter data provided in the databook do not reconcile for SFY 2004, SFY 2005 and SFY 2006. Please verify which eligible populations are included in the encounter data. TXIX Child? TXIX CMDP? TXIX DD Child? NTXIX/XXI Child? TXXI Child? HB2003 Child? TXIX SMI? TXIX DD Adult? NTXIX/XXI SMI? HIFA II SMI? TXXI Adult? HB2003 SMI? TXIX GMHSA? HIFA II GMH? Mental Health?	Questions and Answers document 1/26/07

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	Substance Abuse? ADHS DOC? **See the following fields to define the eligible populations listed above:** • **QM_ELIG (for HIFA II and DD level breakouts, refer first to ELG_GRP (HI, DD). If ELG_GRP is blank, next refer to CONTRACT_TYPE (HIFA II is not defined, S = DD).** • **QM_BHC** • **ADHS DOC is not a valid population; however, if you are referring to the COOL program, see the SF_COOL field.** • **For HB2003, see the SF_HB2003 field; however, it became an obsolete field effective 7/1/2005.** **The encounter, demographic and eligibility files will be refreshed and posted on the secure web site in the Maricopa County Behavioral Health Services RFP Databook by close of business Monday February 12, 2007.**	
Question 128 Special Instructions K, page 15	We have obtained the data files per the secure weblink and have the following question regarding the encounter text files: o The encounters totaled $209 million for FY 04, whereas the financial summary reported service costs of $392 million. The encounters for FY 05 totaled $193 million, whereas the financial summary reported service costs of $440 million. The encounters for FY 06 totaled $193 million, whereas the financial summary reported service costs of $496 million. Please explain why there is a difference between the encounter values and the reported service costs. **The Contractors are paid capitation rates developed by actuaries. Title XIX/XXI payments are prospective at the beginning of the month calculated based on the number of eligibles on the first of the month. For the Non-Title XIX/XXI population the Contractor is paid 1/12th of available funds monthly. There is no direct tie between the data on the financial statements and the value of submitted encounters. The financial statements show the income and expenses and financial viability of the Contractor. Connected but not directly related ADHS measures the value of encounters submitted by the Contractor to determine how the income was used to provide services.**	Special Instructions
Question 129 Special Instructions K, page 15	We have obtained the data files per the secure weblink and have the following question regarding the file titles active_06, active_05, active_04 and Active_03: o Can you please provide Schedule A for each of the periods above? **Schedule A for fiscal years 2004, 2005 and 2006 will be posted in the Maricopa County Behavioral Health Services RFP Databook by close of business Monday February 12, 2007. Schedule A for fiscal year 2003 is not available.**	Special Instructions

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Scope of Work: A. Introduction and Background		
Question 130 A.2.d., A.2.i., B.4.a.B.7.a., D.3. Crisis Services and Establishment of the Crisis PNO	Taken together, these sections of the RFP describe the requirements for crisis services and the establishment of the Crisis Provider Network Organization (Crisis PNO). Will the state please clarify when the Crisis PNO must be established? Is it the State's requirement that the SMI, GMH/SA and Children's PNO be established prior to the Crisis PNO? **See Question #57. The Crisis Response Network must be fully operational as of the Contract Start Date. See also the implementation dates for the Psychiatric Recovery Centers and the Detoxification Center. See Scope of Work D. Network Development for the implementation dates for the PNOs.**	Scope of Work
Question 131 Scope of Work: A. Introduction and Background (Page 19)	What documents or types of clinical information does DBHS intend to be included in the electronic medical record to be made available? **Refer to Scope of Work A. 2.j. The Governor's E-Health Initiative is a statewide project that is still being developed. Details are not available at this time.**	Scope of Work: Managing Care
Question 132 Page 32-34 and 39-40. Paragraph A, Introduction, 2.c.; and Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, (3.a.iv.l) and (4.a ji) and iiij.	1/26/2007, the answer to Question 32 states, 'The Contractor shall contract with Level 1Subacutes for detoxification and psychiatric inpatient services (*B5* and 86). The Contractor shall not contract with Level 1 Crisis Service Providers (B7). The Crisis Response network shall contract with Level 1 Service (B7) providers. Page 34 states, The Crisis Response Network shall provide the following services: ii. Level 1 Crisis Stabilization Services, Level 1 Psychiatric Recovery Centers and Level 1 Detoxification Centers. Please clarify if the Crisis Response Network is to contract with Level 1, community based, Detoxification Centers (ADHS License, Provider Type 135) and community based, Crisis Recovery Centers. (ADHS License, Provider Type B5). **See Question #32. To clarify, the Contractor shall contract with Level I Subacutes for detoxification and psychiatric inpatient services (B5 and B6 provider types) but not for Crisis Services (B7 provider type). The Crisis Response Network shall contract with Level I subacutes for Crisis Services (B7 provider types) but not for detoxification and psychiatric inpatient services (B5 and B6 provider types).**	Scope of Work

Question Number/RFP Section/Page	***Question***	***Subject***
Question 133 Page 32-34 and 39-40. RE: Scope of Work, Paragraph *A,* Introduction, 2.c.; and Paragraph C Covered Behavioral Health Services and Managed Care Service Delivery, (3.a.iv.l) and (4.aJi) and iiij.	1/26/2007, the answer to Question 32 states, "The Contractor shall contract with Level 1 Subacutes for detoxification and psychiatric inpatient services (B5 and *B6).* The Contractor shall not contract with Level 1 Crisis Service Providers (B7). The Crisis Response network shall contract with Level 1 Service (B7) providers. Page 34 states, The Crisis Response Network shall provide the following services: ii. Level 1 Crisis Stabilization Services, Level 1 Psychiatric Recovery Centers and Level 1 Detoxification Centers. Please clarify if the Crisis Response Network scope of responsibility consists of contracts for Crisis Intervention Services (Mobile) and Crisis Intervention Services (telephone); (Provider Type B 7). **Yes, the Crisis Response Network scope of responsibility includes mobile and telephone intervention services.**	Scope of Work

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Scope of Work: C. Covered Behavioral Health Services and Managed Care Service Delivery		
Question 134 RFP Section C.4 – Network Service Delivery, page 34	"The Crisis Response Network shall provide the following services: …ii) Level I Crisis Stabilization Services (Level I Psychiatric Recovery Centers and Level I Detoxification Centers). Level I Crisis Stabilization Units (CSUs) are not included on this list. Is it intended that the CRN contract with Level I CSUs? **See Question #32. To clarify, the Crisis Response Network shall contract with Level I subacutes for Crisis Services (B7 provider types) but not for detoxification and psychiatric inpatient services (B5 and B6 provider types).**	Scope of Work: Covered Services/Network Service Delivery
Question 135 RFP Section C.4 – Network Service Delivery (pages 34 and 40) and Round 1 Questions/ Answers – Response to Question 32	The response to submitted question number 32 in Round 1 Questions/Answers indicates that the Contractor, not the CRN, will contract directly for Level I Psychiatric Recovery Centers and Level I Detoxification Centers. Please clarify whether these facilities are in the CRN, as indicated on page 34 and page 40, or whether Level I PRCs and Detox Centers will contract directly with the Contractor as Qualified Service Providers. Please confirm or reference a list of every level of care by service name and provider type code that the CRN will contract and manage The ADHS response to submitted question #32 differs substantially from the information in the RFP. Will an amendment on this issue be forthcoming? **See Question #32. To clarify, the Contractor shall contract with Level I Subacutes for detoxification and psychiatric inpatient services (B5 and B6 provider types) but not for Crisis Services (B7 provider type). The Crisis Response Network shall contract with Level I subacutes for Crisis Services (B7 provider types) but not for detoxification and psychiatric inpatient services (B5 and B6 provider types). Also refer to the Covered Services Guide and B2 Matrix for provider types and services each can provide. Pages 33-34 and 39-44 clearly outline the responsibilities of the Crisis Response Network. A solicitation amendment was issued on February 6, 2007.**	Scope of Work: Covered Services/Network Service Delivery
Question 136 RFP Section C.7 – Specific Service Components (pages 34 and 39)	The list of services included in the Crisis Response Network on page 39 includes 20 facility-based respite beds and 20 in-home respite beds. The list of CRN services on page 34 does not include these services. Please clarify. **The Crisis Response Network shall, at a minimum, develop and maintain the services listed on page 39, including 20 facility-based respite beds and 20 in-home respite beds.**	Scope of Work: Covered Services/Specific Service Components
Question 137 RFP Section C.7 – Specific Service Components (page 39)	The specific definition of "team" is unclear. Please provide the required capacity (including expected person/team hours per week, person hours per team, or some other measure) for the various teams listed in 7.a. **The Crisis Response Network must establish an adequate capacity of responders and teams to meet the timeliness standards outlined in the Provider Manual.**	Scope of Work: Covered Services/Specific Service Component
Question 138 RFP Section C.7– Specific Service Components (page 40) and RFP Section D.3 – Network Transition (page 73)	Four (4) Level I Psychiatric Recovery Centers are required. Currently there are three such centers providing services to ValueOptions consumers – two for adults (PRC West, PRC Central) and one for children (St. Lukes Behavioral Health Center). Page 73 of the RFP references "the addition of two (2) psychiatric recovery centers", which would result in a total of five centers. Please clarify. **Two new psychiatric recovery centers are required.**	Scope of Work: Network Development/Specific Service Components

Question Number/RFP Section/Page	***Question***	***Subject***
Question 139 Section C,4.a.ii.2 (page 34) and answer to question 32 posted by the State on 1/26/07	Will the State be issuing an amendment to remove Level 1 Detoxification from the Crisis Network (per the State's answer to question 32 on 1/26/07)? **A Solicitation Amendment was posted on 2/6/07.**	Scope of Work
Question 140 C.7 iii Housing, p. 47	In the RFP Q&As there seems to be lack of clarity around the responsibilities of the housing program. At question 9 the question is, "Is it an expectation that the housing subcontractor is to monitor the behavioral health service component of Level II and Level III OBHL Licensed residential programs as part of a semi-annual monitoring plan?" DHS responded, "NO." But at question 58, the question is posed as "...would it be possible to remove the requirement that the housing contractor specifically monitor these settings?" DHS' response is, "ADHS will respond to this portion of the question at a future date." This appears as a contradiction. Could you please clarify? **A Solicitation Amendment was posted on 2/6/07.**	Scope of Work
Question 141§ C, P. 37	The Department refers to ACT teams; while the Maricopa County Case Management and Clinical Team Services Plan refers to ATT (Assertive Treatment Teams, Page 37). Is the assumption correct that ATT and ACT synonymous with respect to this RFP? **Yes.**	Scope of Work
Question 142 § C, P. 52, 53	The ADHS response to Question 10 on the Questions Related to Request for Proposal #HP6322209 which reference C.8.c Case Management and Clinical Liaison (p 52), indicates that "All members of the ACT team are to be employed or contracted by one organization". 1) Since there will be two PNO's, does that mean that both have to contract with the same organization to provide ACT services? **No.** 2) Does that also mean that all ACT team members, above and beyond case managers, as delineated in the Maricopa County Case Management and Clinical Team Services Plan (page 53) must also be employed by a single agency? **No.** If this is the case, it has the potential to fracture the interactive and dynamic nature of the services envisioned in the Maricopa County Case Management and Clinical Team Services Plan. **"All members of the ACT Team are to be employed or contracted by one organization" refers to all members of an individual ACT Team working for the same provider agency. Services provided by the ACT Team model must be provided by one agency/one team, rather than referred out to other provider agencies (e.g substance abuse services).**	Scope of Work

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Question 143 Paragraph C.8.c and 9.d	Page 52 states, "The Contractor shall require each PNO to directly provide case management services through case managers… The Contractor shall require the PNO to segregate the delivery of case management services from all other services…" Page 58 states, The Contractor shall require each Children's PNO to employ case managers to deliver case management services…" The Covered Services Guide does not allow CSAs to encounter for case management services. Therefore, a PNO could not benefit from becoming certified as a CSA in situations where it only provides case management services. It is our understanding that a provider can not be licensed as an outpatient facility by OBHL if it only provides case management services. Therefore, a PNO could not be licensed as an outpatient provider if it only provides case management services. Please identify what provider type a PNO would register as in order to encounter case management services in situations where the PNO will only be providing case management services. **There is no current provider type for use when a PNO only provides case management services. See Scope of Work D. Network Development.**	Encountering for case management services by the PNO
Question 144 Various sections throughout the Scope of Work as it relates to new facilities and expansion of services and Capital Rates (Follow up to Q&A Question 5)	ADHS Q&A Question 5 requested information on additional funding for the expansion of services. The response directed Offerors to the Rate Setting Methodology in the Databook. The Rate Setting Methodology in the Databook does not address any specific service expansion. The only service/program specifically addressed is high needs children. Can ADHS please provide information as to the consideration of the services noted in ADHS Q&A Question 5 in the capitation rates that are set forth in the RFP? **No. The Offeror has the option of accepting the proposed SFY 08 rates set forth in the RFP or opting to accept the final rates for SFY 08 as approved by AHCCCS and JLBC.**	Capitation Rates and service expansion
Question 145 Follow-up to Q&A Question 10	The response states, "All members of the ACT are to be employed by one organization." It is unclear if this is referring to all members of an individual ACT Team or all ACT Teams. For example, ACT Team A members are all employed by provider organization X, ACT Team B members are all employed by provider organization Y or all ACT Team members for teams A and B are employed by provider organization Z. Can clarification please be provided? **See the answer to Question 142 above.**	ACT Teams

Question Number/RFP Section/Page	*Question*	*Subject*
Scope of Work: D. Network Development		
Question 146 RFP Section D.3 – Network Transition, page 71	"The Contractor shall require PNOs that serve all populations to deliver covered behavioral health services to at least 50% of the children and youth 30 months into the Contract and to 100% of children and youth by the end of the third year of the Contract." The meaning of this clause is unclear; please clarify "PNOs that serve all populations" as opposed to adult or child PNOs, as required in the RFP. Is it the intent of ADHS that population-specific PNOs be replaced by all-population PNOs by the end of the third contract year? **It is preferred that PNOs serve all populations (children, SMI, and GMH/SA), although not a requirement. If all PNOs will be serving all populations, 50% of enrolled children should transition to PNOs within 30 months and 100% should transition within 36 months. If all PNOs do not serve all populations, transition of children into child-serving PNOs (from qualified service providers) must occur within 36 months and must be detailed in the Network Transition Plan.**	Scope of Work: Network Development/Network Transition
Question 147 RFP Section D.6 – Network Management Functions (page 79)	The Contractor will "manage" the transition of consumers between networks and/or providers. It would seem that the PNOs would "manage" these transitions and that the Contractor would "monitor" the transition process for consumer care issues. Please clarify the role of PNOs in transitioning consumer care within or between networks. **The referenced section states "managing transition of services or providers to behavioral health recipients because of a change in network composition." See Network Development 8.c. (Notification Requirements for Changes to the Network) and the responsibilities of the Contractor.**	Scope of Work: Network Development/ Network Management Functions
Question 148 RFP Section D.6 – Network Management Functions (page 80)	Page 80 identifies the criteria to be used by the Contractor in selecting network providers. In light of the response to Round 1 question number 56 (i.e., PNOs will select providers), shall we interpret these as the criteria to be used by PNOs in the selection of providers? **Yes.**	Scope of Work: Network Development/Network Management Functions

Question Number/RFP Section/Page	***Question***	***Subject***
Question 149 Follow-up to Q & A Question 57	In your response to Question 57, you note that "the Crisis Response Network must be fully operational as of the Contract Start Date". In the RFP Scope of Work Section 3.C RBHA Service Delivery (pg 32) it is noted that "ADHS intends through this Contract, to separate the provision of direct service delivery from the behavioral health managed care vendor". In the RFP, it is noted that the Crisis Response Network shall provide the following services: i. Crisis intervention and resolution via 1) Telephone, 2) Rapid Response Mobile Teams that are both hospital-based and community-based, 3) Rapid Response Assessment for Children at risk for or removed from their homes, and 4) Emergency Transportation; ii. Level I Crisis Stabilization Services 1) Level I Psychiatric Recovery Centers, and 2) Level I Detoxification Centers; and iii. Pre-Petition Screening and Court-Ordered Evaluations. Within the context of these items, can you please clarify the following: Does "operational" as of the Contract Start Date mean that the delivery of each service listed for the Crisis Response Network is outsourced (i.e. separated) from the current behavioral health care company as of the Contract Start Date? **See Questions 57 and 130. As of the Contract Start Date, the Crisis Response Network shall deliver services in accordance with Scope of Work C. Covered Services and Managed Care Service Delivery and Scope of Work D.4. Network Service Delivery a. Crisis Response Network and all other related requirements of the Solicitation, as amended.**	Crisis Response Network

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Scope of Work: E. Member Rights		
Question 150 Page 46 e. Housing	Citation: Scope of Work Page 46 e. Housing: "the Contractor shall comply with the requirements in the ADHS/DBHS Strategic Plan for Housing in Maricopa County, using the Housing First model and approach for housing services." In reading the requirements for the Maricopa County Contractor, on page 28 of the Strategic Housing Plan, it appears that the requirements were given deadlines and these dates have transpired. Has the Strategic Plan for Housing been amended or updated? **No.**	Scope of Work
Question 151 Page 46 Scope of Work e. Housing	The Housing First model and approach is not discussed in the Strategic Plan for Housing. How does ADHS define the Housing First model and approach? **Housing First means providing affordable non-time limited housing with support services as needed. The ADHS Housing First approach rests on providing housing assistance and follow-up support services after a family or individual is housed, through community based integrated living designed to maximize self-sufficiency. Tenants reside and work completely within the community setting with supports from outside of the residential environment, as needed. Tenants maintain independent living, develop and foster community supports, expand social supports, maintain self-sufficiency and community association. Tenants live by and are aware of tenant responsibilities that are dictated by Arizona landlord/tenant laws.**	Scope of Work
Question 152 Page 47 Scope of work, e. Housing subsection iii.	Citation: Page 47 Scope of work, e. Housing subsection iii. "develop and maintain a semi annual monitoring plan for all Office of Behavioral Health Licensure (OBHL) licensed residential living programs, including the physical plant and program and taking into account the privacy needs of individual residents as well as the privacy of individuals who live independently." Is it accurate to assume that the monitoring plan includes ensuring compliance with Housing Quality Standards and monitoring the program such as property maintenance, housekeeping, and food preparation, etc.? **See the Solicitation Amendment #2 posted on 2/6/07.**	Scope of Work
Question 153 Page 47 Scope of work, e. Housing subsection iii.	The statement "taking into account….the privacy of individuals who live independently" is confusing because it seems inconsistent to residential living programs. Please clarify. **See the Solicitation Amendment #2 posted on 2/6/07.**	Scope of Work
Question 154 Page 47 Scope of work, e. Housing subsection iii.	Is it accurate to assume that the monitoring plan includes ensuring compliance with Housing Quality Standards and monitoring the program such as property maintenance, housekeeping, and food preparation, etc.? **Yes. The Contractor shall monitor all real-estate purchased with funds allocated to the Contractor from ADHS. The Contractor shall apply Housing Quality Standards established by HUD that have been adopted by ADHS as the standard for tenants.**	Scope of Work
Question 155	Is there an identified State funding source besides the ComCare Trust and HB to maintain the housing services and programs as identified in the RFP? **Yes. State General funds have been identified as a source of funding besides ComCare Trust and HB 2003. Funds will be allocated based upon the level of funding available.**	Scope of Work

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Question 156 Page 19, § 2, ¶ J	Does the Department intend that the Contractor develop a standard medical record system based on a shared hardware/software platform **Yes.** or the development of a system capturing standard data sets across a system of distinct hardware/software platforms? **No.** **See the answer to Question #131 above for the medical record.**	Scope of Work
Question 157 Page 46, § 7, ¶ e.	Would the Department please provide its working definition of the "Housing First" model referenced on page 46? § 7, ¶ e. **Housing First means providing affordable non-time limited housing with support services as needed. The ADHS Housing First approach rests on providing housing assistance and follow-up support services after a family or individual is housed, through community based integrated living designed to maximize self-sufficiency. Tenants reside and work completely within the community setting with supports from outside of the residential environment, as needed. Tenants maintain independent living, develop and foster community supports, expand social supports, maintain self-sufficiency and community association. Tenants live by and are aware of tenant responsibilities that are dictated by Arizona landlord/tenant laws.**	Scope of Work
Question 158	Would the Department please provide its working definition of the "Arizona Practice Model" referenced on page 141? § 5, ¶ g. **The Arizona Practice Model refers to Child and Family Teams. See the Documents Incorporated by Reference.**	Scope of Work

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Scope of Work: G. Management of Care		
Question 159 RFP Section G.1 – Utilization Management (page 107)	Please clarify whether, when, and by whom prior authorization for Level II and III residential services will be conducted. This affects the staffing expected of the Contractor and/or PNOs. **See Provider Manual Section 3.14 Securing Services and Prior Authorization.**	Scope of Work: Management of Care/Utilization Management
Question 160 RFP Section G.4 – Quality Management Requirements (page 112)	Please clarify the respective roles of the Contractor and the PNO in monitoring providers who are contracted to PNOs. **The Contractor is responsible for ensuring compliance with ADHS' requirements. See Scope of Work D Network Development Section 6 Network Functions, for provider network requirements.**	Scope of Work: Management of Care/Quality Management Requirements

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Scope of Work: I. Administrative Structure and Organization		
Question 161 RFP Section I.1 – Organizational Structure and Staffing (page 125)	Page 125 (Organizational Staff Members) refers to an ACT Team Psychiatrist (reference "the Contractor shall employ….one person per position" at the head of the list of these positions) and then refers to "each ACT Team psychiatrist". How many ACT Team Psychiatrists are required and who will employ them? **See the Maricopa County Clinical Team and Case Management Plan for ACT Team requirements. See Scope of Work D. Network Development 2. Network Transformation f.** If these psychiatrists are employed by the Contractor rather than by PNOs or providers, what is their role and what direct or administrative services will they provide? **See the Maricopa County Clinical Team and Case Management Plan for ACT Team requirements.** Please confirm that this Organizational Staff Member is only a RBHA employee for the period of time during which Direct Care Clinic services have not yet been transitioned to a PNO. **Yes.**	Scope of Work: Administrative Structure and Organization
Question 162 RFP Section I.2 – Contractor's Use of Subcontractors (page 132)	"The Contractor, PNO, or Crisis Response Network shall enter into a subcontract with any qualified service provider…". Does the word "shall" imply that any qualified service provider must be offered a contract or may be offered a contract by the Contractor, PNO, or CRN? **The Contractor, PNO or Crisis Response Network is required to demonstrate sufficient network capacity for service delivery through subcontracts with qualified service providers.**	Scope of Work: Administrative Structure and Organization

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Scope of Work: M. Finance and Rates		
Question 163 Section M, #9 (p. 167)	Are block payment methodology contracts considered advancements of funds to subcontracted providers, i.e. do block payment methodology contracts require prior approval from ADHS? **See the CIS File Layout under Special Net Value Sections. Prior approval is not required.**	Scope of Work
Question 164 Section M, #8 (p. 166)	This section states that the "Total Title XIX Service Expense divided by total Title XIX Revenue shall be no less than eighty-eight point eight percent (88.8%) and no more than ninety-six point two percent (96.2%), may be adjusted for effective tax rate. The Financial Reporting Guide 2007, (page 16) states that the standard for the Service expense is "no less than 88.5% and No more than 96.5%." The same inconsistency exists for Title XXI services expense percentage. Would the State please clarify which percentage is correct? **The correct percentage is 96.2% for this Solicitation. The Financial Reporting Guide will be revised and posted on the ADHS website by close of business Monday February 12, 2007. A Solicitation Amendment is forthcoming.**	Scope of Work
Question 165 Section M, #3 (p. 160)	It is stated that the Contractor must encounter 95% of service revenue, and the Financial Reporting Guide also indicates 95%. However, Section M, #4 indicates that subcontractors must encounter 95% of subcontractor's total service revenue. If the Contractor provides 88.5% in service expense and subcontractors encounter 95%, the Contractor is limited to encountering 84%. Please clarify. **To clarify, the Contractor must encounter 87.875% of their service revenue in order to meet the encounter submission threshold of 95% of the 92.5% of the Contractor's total revenue. Service expense and service revenue do not have the same meaning. See the ADHS/DBHS Financial Reporting Guide.**	Scope of Work
Question 166 Page 167, § 10.	In calculating the funding available for direct services to consumers, has the Department calculated the impact on the system of the loss of the IMD waiver? **Calculations are in process.** How does the Department intend to manage the possible increase in general revenue demands on the system? **ADHS will make known the impact of the loss of the IMD waiver when it has concluded its analysis and planning in conjunction with the Executive, AHCCCS, and the Joint Legislative Budget Committee.**	Scope of Work
Question 167 M. Finance and Rates 5. Financial Management & Reporting (Follow up to Q&A Question 44)	ADHS Q&As Question 44 noted that Circular A-133 as published in the Federal Register June 27, 2003 excludes Medicaid payments to a subrecipient from the scope of A-133 unless a State requires the funds to be treated as Federal awards expended because reimbursement is on a cost-reimbursement basis. The question asked for clarification on the A-133 requirement in the RFP in light of the conflicting Federal guidance. In responding to Question 44, no response was provided for this. Can clarification please be provided? **The Circular A-133 Audit is a Contract requirement.** Additionally, Question 44 had requested clarification on the requirement for providers (i.e. PNOs and/or qualified service providers) to be deemed as subrecipients pursuant to inclusion of Title XIX and XXI as major programs. In the response, no information on this portion of the question was provided. Can information please be provided regarding the assessment of providers as subrecipients given that the requirement does not correspond with the Federal regulations? **The Circular A-133 Audit is a Contract requirement for the Contractor only. See Scope of Work M. Finance and Rates 5. Financial Management and Reporting.** **The last sentence of the third paragraph in Scope of Work M. Finance and Rates 5. Financial Management and Reporting is stricken in its entirety and replaced with the following:**	A-133

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	Notwithstanding the Circular A-133 regulations restricting the inclusion of Medicaid programs, the Contractor shall include Title XIX and Title XXI as major programs for the purpose of this Contract. **A Solicitation Amendment is forthcoming.**	
Question 168 M. Finance and Rates 8. Other Financial Performance Standards	Page 166 of the RFP notes that for Title XIX and Title XXI Revenue Total Service Expense divided by Total Revenue shall be no less than 88.8% and no more than 96.2%. The Financial Reporting Guide has the percentages at 88.5% and 96.5%, respectively. It appears that the 88.8% may have been intended to be the calculation of Total Service Expenses divided by Total Service Revenue with consideration of the maximum 4% profit (i.e. 100% - 4% profit = 96% * .925% Service Revenue = 88.8% and 100% + 4% stop less = 104% *.925% Service Revenue = 96.2%). Can you please clarify the percentages and the calculation? **The correct percentage is 96.2% for this Solicitation. The Financial Reporting Guide will be revised and posted on the ADHS website by close of business Monday February 12, 2007. A Solicitation Amendment is forthcoming.**	Financial Performance Standards

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Special Terms and Conditions: B. Contract Administration and Operation		
Question 169 Special Instructions – Proposal Format – page 9, B1	This instruction states that the "Proposal shall be prepared using a font size of not less than 12…." Many of the tables that are provided in the Proposal Content section are word processed in a font that is less than 12 pt. Will the state accept tables that are provided in the RFP such as those on page 210, 211, 214, 215, 218 ,etc as well as other tables, charts, and graphs included by the Offerors in a font smaller than 12 pt.? **Yes.**	Proposal Format

Question Number/RFP Section/Page	*Question*	*Subject*
Special Terms and Conditions: G. ADHS' Contractual Remedies		
Question 170 Page 141, § 5, ¶ g.	Would the Department please provide its working definition of the "Arizona Practice Model" referenced on page 141, § 5, ¶ g? **The Arizona Practice Model refers to Child and Family Teams. See the Documents Incorporated By Reference.**	Special Terms and Conditions

Question Number/RFP Section/Page	*Question*	*Subject*
Proposal Content: A. Administration, Organization, and Experience		
Question 171 A.4 – Administration, Organization and Experience (page 212) and answer to question 36 on the Questions Related to the RFP	The RFP states, "If proposed Key Personnel are not yet identified, submit job descriptions . . " Please clarify if we are to submit resumes or if job descriptions can be submitted for Key Personnel where a resume is not available? **If the Offeror has identified an individual to fill a Key Personnel, Organizational Staff Member or Liaison position, the Offeror must submit resumes for the individual. If the Offeror has not identified an individual to fill a Key Personnel, Organizational Staff Member or Liaison position, a job description must be submitted for the position.** Please also clarify if resumes are required for the Organizational Staff Members and Liaisons or if job descriptions can be submitted in lieu of resumes where a resume is not available. **If the Offeror has identified an individual to fill a Key Personnel, Organizational Staff Member or Liaison position, the Offeror must submit resumes for the individuals. If the Offeror has not identified an individual to fill a Key Personnel, Organizational Staff Member or Liaison position, a job description must be submitted for the position.**	Proposal Content Administration, Organization and Experience
Question 172 Section A.4 , page 212	May the Offeror provide the resumes and job descriptions as an appendix to the proposal in 2.e. Documents Submitted in Response to Request? **Yes.**	Proposal submission clarification

Question Number/RFP Section/Page	*Question*	*Subject*
Proposal Content: B. Collaboration and Performance		
Question 173 Section B.1, page 9	The RFP states "Proposals shall be prepared using a font size of no less than 12" Does the State also require that Offerors use a specific font? **No.**	Proposal Format

Question Number/RFP Section/Page	*Question*	*Subject*
Proposal Content: C. Implementation		
Question 174 C.4. Implementation, page 218	Assuming that there is an aggressive implementation schedule for this Contract, would the State please identify the transition role and transition expectations for the current Maricopa County contractor? **See Special Terms and Conditions M. Transitions and Implementation and Scope of Work D. Network Development 3. Network Transition.** Will the state expect an agreement between the outgoing contractor and the incoming contractor that delineates these expectations? **See Special Terms and Conditions M. Transitions and Implementation and Scope of Work D. Network Development 3. Network Transition.** What is the state's role in the transition process? **See Special Terms and Conditions M. Transitions and Implementation and Scope of Work D. Network Development 3. Network Transition.** Will the State require the current contractor to allow the incoming contractor access to all client information, records, appeals and grievances, and other operational information that is necessary for a successful transition? **See Special Terms and Conditions M. Transitions and Implementation and Scope of Work D. Network Development 3. Network Transition.** Is there an expectation by the state that the incoming and outgoing contractor will operate together, for a period of time, at the outgoing contractor's location of business? **See Special Terms and Conditions M. Transitions and Implementation and Scope of Work D. Network Development 3. Network Transition.** Is there an expectation that the new contractor will hire all or a portion of the existing RBHA/MCO staff? **See Special Terms and Conditions M. Transitions and Implementation and Scope of Work D. Network Development 3. Network Transition.**	Proposal Content Implementation
Question 175 Question C-4 page 218	Assuming there is an aggressive implementation schedule for this Contract, identify what functions the Offeror could perform within one (1) month of Contract award (e.g., claims payment, processing grievances and appeals, prior authorization) and the amount of lead time required for the remaining functions." There is no page limit listed therefore it is assumed (per the RFP instructions) the page limit is one page. Can you please clarify the page limit on question C-4? **The page limit for question C-4 is 6 pages. A solicitation amendment is forthcoming.**	Proposal Content Implementation

Question Number/RFP Section/Page	*Question*	*Subject*
Proposal Content: F. Managing Care		
Question 176 Question F.9.i – page 226	Question F 9i states: Similarly, provide an example from another contract when Offeror has detected over-utilization of services (across providers), what was done to impact the utilization and how the effectiveness of the strategy was measured. Identify the customer(s) who can verify the experience. **Limit ten (10) pages** exclusive of report samples and organizational chart. Is this page limit also exclusive of the Flow Charts required for Question F 9 d and e? **Yes.**	Proposal Content Managing Care

Question Number/RFP Section/Page	*Question*	*Subject*
Proposal Content: G. Finance and Rates		
Question 177 Section G.2., page 227	This item requests that the Offeror provide an actual example of rate cell/population subgroup level historical reporting on a quarterly and annual time period and to identify customer(s) who can verify the experience. Given confidentiality concerns about the requested data, can the customer name be redacted? **Yes, the customer name can be redacted from the example; however, the Offeror must provide the customer names so experience can be verified.**	Finance and Rates

Question Number/RFP Section/Page	*Question*	*Subject*
Proposal Content: H. Service Delivery, Network Development, and Network Management		
Question 178 H.2.a. Service Delivery and Network Development, page 230	Is the state requiring the names of staff or subcontractors? If not yet known, will the state accept job descriptions for the positions? **If the Offeror has identified an individual to fill a Key Personnel, Organizational Staff Member or Liaison position, the Offeror must submit resumes for the individuals. If the Offeror has not identified an individual to fill a Key Personnel, Organizational Staff Member or Liaison position, a job description must be submitted for the position.** **For subcontractors, see Proposal Content Question A.6. a. through i.**	Proposal Content Service Delivery and Network Development

Question Number/RFP Section/Page	*Question*	*Subject*
Attachments and Exhibits: Attachment A		
Question 179 Attachment A	There is an asterisk (*) next to the header “Child”, however, there is no explanation for the asterisk. Please provide information that is to be associated with the asterisk next to the Child header. **A Solicitation Amendment is forthcoming. The asterisk is deleted.**	Clarification

Question Number/RFP Section/Page	*Question*	*Subject*
Attachments and Exhibits: Attachment C		
Question 180 Attachment C, page 252 - 277	Attachment C of the RFP includes the following as a performance guarantee for the Adult System of Care: "Priority clients have ISPs with a functional assessment and a long term view within 90 days of enrollment (Appendix C, Item 3)" and identifies the Arnold Quality Management Plan as the reference for specifications. What specific questions and scoring criteria will be used to determine compliance with this standard? **Per ADHS' Quality Management Plan and the court approved Arnold Quality Management Plan, Appendix C Item 3 is measured using the Independent Case Review Tool. See http://www.azdhs.gov/bhs/rfp_2006/case_v22.pdf** **For performance guarantee measurement purposes, the Contractor shall submit self-reported results, which are subject to a data integrity analysis. Unless otherwise approved by ADHS, the Contractor's maximum error rate in submitted data shall be five percent (5%). The Contractor shall pay a penalty based on the applicable metric when its submitted data submission does not meet the thresholds for accuracy. The Contractor shall cooperate with ADHS if, in its sole discretion, ADHS decides to perform an independent audit each year covering a three-(3) or more month period of the performance guarantee year. If the results of the independent audit are below the Contractor's self-reported results for the period under review, the Contractor shall agree to the independent audit results as the basis for performance guarantee measurement for the full year or until the Contractor demonstrates that the reliability of its self-reported results are consistent with independent audit results.**	Criteria for measuring performance

Question Number/RFP Section/Page	*Question*	*Subject*

Attachments and Exhibits: Attachment D

Question 181
Exhibit B and Attachment D

The capitation rates shown for DD are $94.98 for Adult and $82.41 for Child on a total basis, including the 1% incentive ($94.04 and $81.59 after consideration of the incentive). The DD rates currently effective for Maricopa Country are $94.98 for Adult and $82.41 for Child after consideration of the 1% incentive. Please review the capitation rates and validate that the rates provided in Exhibits B and Attachment D for DD accurately reflect consideration of the 1% performance incentive.

A Solicitation Amendment is forthcoming. The capitation rates for DD are:

Population	**Capitation PM/PM**	**1% Incentive**	**Total Potential PM/PM**
DES DD ALTCS eligible adults representing the cost of providing covered behavioral health services to DES DD ALTCS adults	**$94.98**	**$ 0.95**	**$95.93**
DES DD ALTCS eligible children representing the cost of providing covered behavioral health services to DES DD ALTCS children	**$82.41**	**$ 0.82**	**$83.23**

Capitation Rates

Question Number/RFP Section/Page	*Question*	*Subject*
Miscellaneous		
Question 182 RFP Proposal Content Section F – Managing Care	Page 223 requests a description of the Contractor's management of consumer crisis calls. Please confirm that the CRN is also responsible for implementing and managing a 24/7 crisis phone system. **The Crisis Response Network is responsible for implementing and managing a 24/7 crisis phone system.**	Proposal Content Section F: Managing Care
Question 183 RFP Proposal Content Section F – Managing Care	Page 226 requests the Contractor's protocols for matching consumers to providers. It is our assumption that the Contractor will make direct referrals to PNOs (based on consumer choice or other variables in the absence of a preference), and that PNOs will offer choice, match consumers to providers, and manage provider capacity within their networks. Please clarify whether the Contractor will make direct referrals to PNO providers and – if so – how the PNO will manage its contracted provider capacity. **See requirements for the management of referrals and provider capacity throughout the Solicitation.**	Proposal Content Section F: Managing Care
Question 184 **Round 1 Questions/Answers #25**	Please clarify the last sentence of ADHS response to Round 1 Q/A #25. The response indicates that service dollars for a variety of direct services (including COOL and SAPT/CMHS Block Grants) will not be managed by PNOs or CRNs. Does this mean that a GMHSA provider receiving both Title XIX/XXI and non-Title XIX/XXI SAPT funds will need to contract both with a PNO and directly with the RBHA? **No.** If yes, will each party make referrals, manage care, and conduct provider monitoring for its respective part of the provider's services/capacity? When a service program (e.g., a substance abuse IOP) serves both Title XIX/XXI and non-Title XIX consumers, which party will monitor the program's quality and utilization?	Contracting responsibility for SAPT, COOL, and other service dollars
Question 185 RFP Reference Documents - ADHS Website: http://www.azdhs.gov/bhs/fin_rep_gde.pdf	Does the DBHS anticipate any revisions to the current RBHA Financial Reporting Guide posted on the web with the effective date of 7/1/07? **Yes. The revised ADHS/DBHS Financial Reporting Guide will be posted in the Maricopa County Behavioral Health Services Bidder's Library by close of business Monday February 12, 2007.** **http://www.azdhs.gov/bhs/fin_rep_gde.pdf**	Financial Reporting Guide